



ESTIMATE INFORMATION

State Form 34864 (R8/1-02)
Approved by SBA 2002

Indiana State Teachers' Retirement Fund

150 W. Market Street, Suite 300
Indianapolis, Indiana 46204-2809
(317) 232-3860 / (888) 286-3544
FAX (317) 232-3882
www.in.gov/trf

DO NOT ATTEMPT TO COMPLETE YOUR RETIREMENT APPLICATION WITHOUT A CURRENT ESTIMATE OF BENEFITS.

**Complete the following Estimate Information
and submit immediately to TRF if you would like
a current estimate.**

PRIVACY NOTICE

Your Social Security Number is being requested by this state agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

1. Name (first, middle, last)		2. Area code and telephone number ()	
3. Address (street and number or box number, city, state, and ZIP)			
4. TRF number	5. Social Security Number	6. Date of birth (month, day, year)	7. Years of service at retirement

I would like an estimate which provides monthly benefits to a designated co-survivor in case of my death.

8. Co-Survivor's full name (first, middle, last)	9. Co-Survivor's Social Security Number	10. Co-Survivor Date of Birth (mm,dd,yy)
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11. INTEGRATION OF PAYMENT WITH SOCIAL SECURITY BENEFIT AT AGE 62

A copy of my Social Security Adm estimate at age 62 is attached.

They estimate a benefit at 62 of : \$ _____ / Month

INSTRUCTIONS

- A school year is from July 1 through June 30
- Please list your **CONTRACT AMOUNT** for the present school year (if applicable) in Box 13.
- Please list your estimated **CONTRACT AMOUNT** for the next school year (if applicable) in Box 15.
- Please list your estimated **CONTRACT AMOUNT** for a future school year (if applicable) in Box 17.
- Please put your anticipated last day of service in Box 18.
- If you intend to delay your application to meet age requirements or the Rule of 85, place that delayed date in Box 19.
- If you wish an estimate of the Social Security integration option, please list your age 62 Social Security estimate in box 11. We must have a copy of your estimate for age 62 from the Social Security Administration in order to estimate an A-4 Option--the integration of benefits with Social Security at age 62. An A-4 estimate cannot be completed without this form.

SCHOOL YEAR	ESTIMATED SCHOOL YEAR CONTRACT AMOUNTS
12. PRESENT SCHOOL YEAR, JULY 1 TO JUNE 30	13. \$ _____
14. NEXT SCHOOL YEAR, JULY 1 TO JUNE 30	15. \$ _____
16. FUTURE SCHOOL YEAR, JULY 1 TO JUNE 30	17. \$ _____
18. ESTIMATED LAST DAY OF SERVICE	
19. DELAYED DATE OF RETIREMENT	